

Improvements in the British Medical Journal.—At the representative meeting, Dr. R. G. Gordon, Chairman of the Journal Committee, said that the new *Key to Medical Literature* had met with much appreciation. It contained more than twice the number of abstracts that its predecessor, the *Epitome*, did. An endeavor had been made to prepare for an emergency by interrupting the series of general practitioner articles by a special war series. With regard to the special journals published by the Association, for the first time one had shown a credit. The *Journal of Neurology and Psychiatry* in new form had increased its subscription list. The *British Heart Journal* already had a subscription list of nearly 400. Arrangements had been made for a *Journal of Thoracic Medicine and Surgery*. One member was perturbed at the increasing cost of the *British Medical Journal*. He thought it ought to pay for itself, and one of the reasons why it did not was that it was much too large; the only people who could read it all were retired and semi-retired practitioners! Doctor Gordon did not think it desirable to state how much of the members' subscriptions went to the *Journal*. No such periodical could meet all its expenditures from its own revenue, and the American Medical Association allotted more than half its revenue to its journal, while the proportion for the *British Medical Journal* was less than one-sixth.—From the American Medical Association Correspondent, in the Letters Department, *Journal of the American Medical Association*, August 19, 1939.

Federal Allocations for Venereal Disease Control.—"The sum of \$4,379,250 will be allotted to the states for venereal disease control programs during the coming twelve months," Dr. Thomas Parran, Surgeon-General, United States Public Health Service, recently announced.

This expenditure is made possible by the LaFollette-Bulwinkle Act of 1938, which authorized an appropriation of \$5,000,000 for the fiscal year 1940. Allotments to the states constitute 86.9 per cent of the total amount available for venereal disease control work. The remaining 13.1 per cent, amounting to \$620,750, will be used for research, laboratory and field demonstrations, and administration.

The Federal allotment, which will be supplemented by state and local appropriations and by special grants from foundations and other private organizations, will represent a larger sum of money than has been available for venereal disease control programs in any previous year. Doctor Parran pointed out, however, that "funds now available do not yet approximate the estimates considered by medical and public health authorities to be necessary for the most effective public health campaign against syphilis and gonorrhea." It is expected that additional allotments from public and private sources will be sought for 1941.

The Federal Government's share for venereal disease control work in the states and localities during the next twelve months' period has been allotted on the basis of (1) population, (2) extent of the venereal disease problem, and (3) the financial needs of the various sections of the country.

In order to receive these grants, the Surgeon-General announced that the states must meet certain general minimum requirements in the prevention, treatment, and control of the venereal diseases. These requirements are based on recommendations adopted by the Conference of State and Territorial Health Officers on April 13, 1936. Federal funds for venereal disease control programs must be matched by state or local funds and must not replace funds from such sources already being used.

Radium Loaned to Hospitals by Federal Government. After consultation with state departments of health, the National Cancer Institute of the United States Public Health Service has recommended that about eight and

one-half grams of Government-owned radium, valued at \$180,000, be loaned to various hospitals in twenty different states and the Territory of Hawaii. . . .

Applications for the loan of radium for the treatment of cancer have been received from California, Colorado, Connecticut, Georgia, Kansas, Kentucky, Louisiana, Maryland, Michigan, Missouri, Nebraska, New Jersey, New York, North Carolina, Pennsylvania, Tennessee, Texas, Vermont, Virginia, Washington, and Hawaii.

Los Angeles County Hospital, Los Angeles, California, was the first hospital in its State to apply for a radium loan, and the application has been approved.

Because of its penetrating rays (next to cosmic rays, the most penetrating of all rays), radium is useful in treating cancerous growths in parts of the body which are otherwise inaccessible. Although costly at the outset, radium can be used over and over again through thousands of years. It is scientifically estimated that radium loses only half its strength every 1,700 years.

In approving the various applications, officials of the National Cancer Institute made their choices on the basis of need for radium and the competence of staff and adequacy of facilities for radium treatment. Needs are much greater in some areas of the country than in others although practically all states and sections could use more radium to advantage if they had it. Authorities state that there should be two grams of radium for every million persons, but it is reliably estimated that only about 133 grams are in use in the United States at the present time.

The National Cancer Institute still has about 1,300 milligrams of radium which have not been allotted on a loan basis, and applications for radium loans will continue to be considered. Institutions receiving the Government-owned radium have to agree to make no charges to the patients for its use and meet high standards regarding personal administration of the treatment.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Opponent of Chiropractors' Measure Says "Deck Stacked" *

Sacramento, August 22 (AP).—A Redwood City attorney charged today that the selection of persons to write pro and con arguments on the chiropractors' initiative on the November 7 ballot is a "clear case of stacking the deck" against opponents of the proposal.

The attorney, Frank V. Kingston, writing in behalf of the Chiropractic League of California, said Lieutenant-Governor Ellis E. Patterson "must have been misled and imposed upon" when he named five persons to prepare the arguments.

Meanwhile, Charles J. Hagerty, Deputy Secretary of State, said a comparison of copies of the two arguments showed they were written on the same typewriter and on paper with identical watermarks.

The initiative increases the powers of the Chiropractic Board; raises educational requirements of applicants for licenses and declares licensees shall report communicable diseases and sign birth and death certificates. State law provides that the Lieutenant-Governor must name persons to write arguments pro and con so that they may be studied by the voters.

It was the selection of the persons to write opposition arguments which brought the protest from Kingston.

The arguments received by Hagerty today showed Dr. W. Franklin Morris of Berkeley, member of the State Board of Chiropractic Examiners; Dr. Stanley M. Innes, San Jose, past president of the Affiliated Chiropractors of California, and Dr. George E. Swanson, Berkeley, President of the Affiliated Chiropractors of California, Alameda-Contra Costa Unit, wrote in favor of the initiative.

The opposing argument was signed by Mrs. Elsie James and Mrs. Mildred S. Potts of Berkeley.—Los Angeles Times, August 23.

Chiropractors Win Initiative Row

Examiner Bureau, Sacramento, Aug. 23.—Lieutenant-Governor Ellis E. Patterson informed the Secretary of State's office today he will appoint new writers to prepare arguments against a chiropractic initiative measure to be submitted to the people at the November 7 special election.

* For editorial comment, see page 147.

Patterson's announcement followed charges by the Chiropractic League of California, opposing the measure, that authors of the arguments for and against the measure were guilty of collusion. Under the constitution the Lieutenant-Governor appoints writers for arguments on all ballot propositions.

Dr. Stanley M. Innes, San Jose, Dr. George E. Swanson, Berkeley, and Dr. W. F. Morris, Oakland, wrote the favorable arguments. Innes, the league charged, assisted Mrs. Elsie James and Mrs. Mildred S. Potts of Berkeley to prepare the opposing argument.

An investigation by the Bureau of Criminal Identification indicated both pro and con arguments had been written on the same type of stationery and the same typewriter.—San Francisco Examiner, August 24.

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Chiropractors Get Support in Fight

Convention Favors General Hospital Unit

Backing for the Los Angeles College of Chiropractic's fight to obtain General Hospital recognition in the form of a fifty-bed unit in which chiropractic treatments may be given was pledged yesterday by the American Progressive Chiropractic Association in convention here with more than fifteen hundred delegates.

The support took the form of a resolution offered by Dr. Charles W. von Walden, president of the Associate Alumni Association of the college.

The convention will end today with a "perfect man and perfect woman" contest.—Los Angeles Times, August 5.

* * *

Health Insurance *

State Employees to Sign

The California Physicians' Service, health insurance organization sponsored by the California Medical Association, got off to a flying start yesterday when the California State Employees Association, with its membership of nineteen thousand, agreed to accept the service.

The formal contract will be signed Monday, twenty-four hours before present policies of the association with a private insurance company expire.

Membership is voluntary, but those State employees earning \$3,000 a year or less who do sign up will have available the services of 5,000 physicians and surgeons, as well as facilities in virtually all recognized hospitals in the State.

Under regulations announced recently, beneficiaries are offered complete medical and surgical care for one year for any illness or injury, hospitalization for twenty-one days, at a cost of \$2.50 per month. An alternative "deductible" plan, at \$2 monthly, gives them the same privileges provided they pay for the first two physician calls.

This prepaid service is for employed groups of five or more, and no physical examination is required. Exceptions noted yesterday were mental cases, drug addiction, chronic alcoholism, injuries sustained as a result of lawlessness or those self-inflicted, or those covered by workmen's compensation.

Medical and childbirth care will be provided only after the mother has been a member of the CPS for two years or more. Treatment will not be given for conditions existing at the time of issuance of policies.

The State has been divided into twenty-one districts, with a deputy medical director in each. Under these are additional assistant deputies, placed at points so as to make available the CPS to virtually every citizen.

Dr. Ray Lyman Wilbur, president of Stanford University and former president of the American Medical Association, is president of the service. Dr. Morton R. Gibbons, Sr., of San Francisco is medical director, and Dr. E. Vincent Askey of Los Angeles is assistant medical director. State headquarters are maintained in San Francisco.—San Francisco Chronicle, August 12.

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Narcotic Bill's Signing Hailed as Major Step

Underworld Left Without Source, Says Official

Signing of Assemblyman Edward O'Day's bill to curb the narcotics evil by Governor Olson yesterday was hailed as a major advance in the battle against the dope habit by Paul Madden, chief of the State Narcotic Enforcement Bureau.

The bill, according to Madden, requires all prescriptions for narcotics to be made out in triplicate, and will aid in preventing medicinal narcotics from reaching the underworld.

Narcotic prescription records, according to the bill, henceforth will be kept on file by the enforcement bureau, by the pharmacists and by the physicians, thus reducing the chances for forged prescriptions being honored.

* See also C.P.S. Bulletins, on pages 184-186.

At least 1,100 forged prescriptions have been used by addicts to obtain supplies of narcotics in San Francisco and Los Angeles during the past two years, Madden estimated.

The enforcement chief was assisted in the drafting of the O'Day bill by the California Medical Association, the State Board of Pharmacy and pharmaceutical associations of both southern and northern California.—San Francisco Examiner, July 27.

* * *

U. S. Appeals Ruling on Medical Group

Washington, July 31 (AP).—The Justice Department asked the United States Court of Appeals today to overrule a lower court decision that the American Medical Association could not be prosecuted on charges of violating the Sherman Antitrust Act.

Justice Proctor of the United States District Court ruled last week that the practice of medicine was a "learned profession," not a "trade," and therefore did not come under the provisions of the antitrust law.—San Francisco Chronicle, August 1.

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Senate Approves Health Program

Washington, Aug. 4 (AP).—The Senate Labor Committee gave its endorsement today to broad outlines of a proposed national health program, but withheld until next year its specific recommendations for legislation.

In a preliminary report to the Senate on a bill by Senator Wagner (D., N. Y.) to authorize annual Federal grants to states for various types of health service, the committee said it favored the objectives and intended to report the measure favorably at the next session of Congress with a number of amendments.—San Francisco Chronicle, August 5.

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Associated Women Hear Survey of Western Rural Health

The farmers of the eleven western states do not want compulsory health insurance, but they do want improved hospital and health service on a voluntary coöperative basis.

That was the result of a study made by the Associated Women of the Farm Bureau, as reported at the Santa Cruz conference by Mrs. Florence B. Bovett of Reno, regional director.

There are 937 hospitals in the eleven western states. In a total of 305 counties there are 105 county hospitals. The average distance from the ranch to medical service varies between ten and forty-five miles, and there are 4.76 hospital beds for each 1,000 persons.

The average cost of medical service is \$3 for office calls, and \$1 a mile for home calls—one way.

Mrs. Bovett was able to compile the average family cost of medical service for three states. The figures are \$90 a year in Utah, \$70 a year in Nevada and \$79.25 a year in California.

These health costs are more than coöperative fees would be, and they do not represent complete health service since many persons neglect their health because of the cost or the uncertainty as to what the cost might be. In coöperative medicine, the doctors are busier and have greater income, while the members get more medical service for a lesser cost.

The eleven western states are all watching the coöperative plan which the California Medical Association is launching. This is the sort of service for which farmers have long asked.—El Centro Imperial Enterprise, July 6.

* * *

Medical Aid on a Repay Basis Here

Prepaid medical service is here for those who wish to take advantage of it, according to Dr. Henry S. Rogers, who was the speaker at the Wednesday luncheon of Petaluma Lions Club.

Doctor Rogers explained the plan of the newly formed California Physicians' Service, which was set up this spring for the benefit of those who wish medical service on a prepaid basis.

The way was paved for the California Physicians' Service by two decisions of the California Supreme Court which decreed that such a plan was legal if the patient had free choice of physician.

The result of the decisions was to speed up the activity of the California Medical Association, which has been considering a plan of this type for many years and which had made extensive studies in an effort to develop the best protection for subscribers to the service.

The California Physicians' Service is a nonprofit corporation which has 5,000 professional members, about two-thirds of the physicians practicing in California, who will be available to persons who have policies. At the present time, groups are being affiliated with the service, but soon the benefits will be available to individuals.

The policies provide for complete medical and surgical treatment, with few exceptions, although some types of treatment are not covered until membership has been held for a stated period. Hospitalization and medicine are not covered. The monthly fee is about the average for one visit to a physician and the price was based on the average cost of caring for a patient in the United States, which figures were available from Government statistics.

A telegram was received from President George Dickerson, who is attending the International Lions convention at Pittsburgh, Pa., which conveyed greetings to the local club from International President Walter Dexter and himself.

Vice-President Robert Deitlein presided. Ellis H. Newsome was fellowship chairman and introduced Doctor Rogers, who is an officer of the California Medical Association.—Petaluma *Argus-Courier*, July 20.

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Olson Accused of Favoring Own M.D.'s

In his eagerness to build up a political machine with the State relief administration, Governor Olson has even attempted to oust members of the medical staff and replace them by faithful Olson Democrats.

This amazing charge was made yesterday by Dr. H. Dewey Anderson in his letter of resignation as State relief administrator. Charging Governor Olson with introducing the spoils system on all fronts in the SRA, Anderson makes this specific allegation:

"The scrutiny of political affiliations of present (SRA) staff has gone to such an extent that a recent communication from the Governor's office indicated pointedly that in the medical staff employed as certifying physicians in Los Angeles County there were several physicians whose places might well be taken by deserving Democratic M.D.'s.

"This, my dear Governor, is a charge which has been vigorously advanced by leaders in the California Medical Association and the American Medical Association of what may well occur when any aspect of medicine is subjected to political control.

"It is a dangerous step to take, for there is no such thing as a partisan approach to the problems of medicine."—San Francisco *Examiner*, August 15.

* * *

New Laws Total 1,124 *

Governor Signs 1,077 Measures Out of 1,397 Passed by Legislature

California will have 1,124 new laws, records of the office of Secretary of State showed yesterday as Governor Olson and his staff relaxed from strenuous work in disposing of the last of the 1,397 bills handed him by the Legislature.

A survey of the records showed that Olson signed 1,077 bills. Bills that became law without the signature of the Governor, according to news dispatches from Sacramento, numbered 45. The Governor vetoed 142 bills. He killed 131 bills by "pocket veto," refusing to sign them before the expiration of the thirty days allotted him. The Legislature overrode the executive veto on only two measures.

The 1937 Legislature handed Governor Merriam 1,037 bills, of which he approved 933. . . .

Vetoed Measures

Bills which were vetoed included:

Assembly Bill 437, which would have prohibited advertising by drugless physicians on the ground that physiotherapists and naturopaths would be stopped from practicing without a physician's license, which they cannot obtain. . . .

Scientists Aided

A. B. 449, which would have required United States citizenship of anyone desiring a license to practice medicine. "This bill would eliminate practice by some of the world's greatest medical scientists," said the Governor. . . .—Los Angeles *Times*, July 27, 1939.

* * *

Need for Medical, Dental Care Is Shown by Survey

Effort of the State of California and the State organizations of medical men to extend adequate health service to all has occasioned a searching survey of health insurance projects, both state and national, by the Bureau of Public Administration of the University of California.

The survey, which was requested by a number of the members of the State Legislature, shows that 41.68 per cent of the families in the United States are too poor to meet the full cost of adequate care. Forty-seven per cent of this number are unable to provide any sort of medical or dental care.

According to the survey, a total of 40,000,000 persons in the United States were in families subsisting on an emer-

gency standard of living in 1938. Twenty million persons represented families that were dependent upon the public and 20,000,000 additional were in the marginal-income class which cannot meet the cost of sickness.

The conclusion reached in the survey is that "the average family requires protection from the uncertainties and costs of sickness."

Health insurance has been a matter of public interest in California since 1915, when a Social Insurance Commission of five persons was named by Governor Johnson.

It rendered a report to the 1917 legislature recommending the establishment of a voluntary social health insurance system under the State Insurance Commission.

Pursuant to the Social Insurance Commission's report, the legislature, by a two-thirds vote of both houses, proposed a health insurance amendment to the Constitution.

The amendment was beaten by the people by a vote of 358,324 to 133,858.

No further legislative action was taken until 1935, when the depression prompted a bill for the establishment of a system of compulsory health insurance for persons earning less than \$300 a year. The bill died in committee.—Turlock *Journal*, July 28.

* * *

Federal Grand Jury Manners

Anything like conclusions on the question whether the American Medical Association has been guilty of restraint of trade in its efforts to resist the advance of certain types of group medical service must, of course, be deferred until the suit of the Department of Justice has been finally decided on appeal. But certain comments of Justice Proctor of the District of Columbia court on the terms of the indictment brought in this case need not escape the layman's attention.

The decision against the Government on the main issue rests upon what to most of us will appear to be a fine-drawn distinction between a "trade" and a "profession." Justice Proctor holds the distinction to be sufficiently real, under ruling decisions of the Supreme Court, to exempt doctors from the application of the Sherman antitrust law. He expressly excludes the question whether the association may have wrongfully injured the group doctors in their means of livelihood. As to that, he says:

"So here, if the livelihood of group practitioners has been injured by the wrongful acts of the defendants, they, too, have redress in a civil court. But the charge in the present case is criminal, and to stand must find its sanction solely in the statute."

Whether the Supreme Court will agree with Justice Proctor that the Government's contentions in this case represent "an extreme position which does violence to the common understanding of 'trade,' rejects authoritative decisions of our courts and ignores cardinal rules of statutory construction" and that "it is not for the courts to stretch an old statute to fit new uses for which it never was intended," remains to be seen. But, in view of the current predilection of the Department of Justice for the consent decree method of getting results, there is an immediate interest in what this decision has to say about the contents of the indictment. Justice Proctor says of that instrument:

"It is questionable whether some of it would be deemed relevant or competent in proof of the offense. Every indictment should be confined to a clear and dispassionate statement of essential facts. . . . Ordinarily, improper matter in the indictment, unnecessary to support the charge, will not vitiate an indictment. It will be treated as surplusage and disregarded. But I doubt if such treatment would suffice to relieve these defendants of the prejudice likely to arise by an indictment which smacks so much of a highly colored argumentative discourse against them. It must be remembered that when a case is finally submitted to a jury for their secret deliberations the indictment goes with them."

From which it is perhaps a reasonable inference that Assistant Attorney-General Arnold will caution Federal grand juries—or whoever writes their indictments—to mend their manners toward persons they hale before them.—Pacific Coast *Wall Street Journal*, August 1.

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Hospital Aid Fears Cited

Catholic Objection to Federal Assistance Explained in Debate

Denver, Aug. 7 (AP).—The nation's health chief and a Catholic hospital leader debated tonight the issue of increased Federal aid for private hospitals before the National Conference of Catholic Charities.

"I can see no fundamental objection to providing Federal assistance for the building and modernizing of non-profit hospitals and feel that public funds should be available to care for needy patients in voluntary as well as

* See also, on page 186.

public hospitals," declared Surgeon-General Thomas Parran of the United States Public Health Service.

Church Fears to Yield

"The Catholic Church fears to yield an iota in the approach to the problem of the responsibility for the indigent," countered Rev. Alphonse M. Schwitalla, S. J., of St. Louis, president of the Catholic Hospital Association.

Doctor Parran said the proposed national health program of expanded Federal aid intends that "the widest latitude should be left to the states."

Opposition Explained

Explaining the Catholic hospital's "crisis reaction" of opposition to the proposed Federal program, Father Schwitalla said:

"The Catholic hospital fears the necessary impersonalities of sickness and health care under Government contact.

"It is concerned with the maintenance of the spirit of our religious orders, their traditions and the inspiration of the lives of their founders and their hero members.

Seen as Menace

"It views with a measure of apprehension the mounting subsidies that might be voted by Congress for official programs of medical care because the partnership between the public and private agency might be weighted by goods of this earth."

"Father Schwitalla declared the program "constituted a threat to the individuality of the Catholic hospital, and hence to its continual service, and hence to its continued existence."

Aid Proposed

Doctor Parran said the national health program proposed aid to hospitals because "the modern physician makes increasing use of facilities for the diagnosis and treatment of disease which are most effectively supplied by hospitals."

"The national health program, therefore, provides aid for the construction and maintenance of hospitals—though only where needed—and for the support of existing hospitals—public, church and voluntary alike—especially in distressed and rural areas."

Fear Dictatorship

The Catholic Hospital Association had contended that a veritable dictatorship by the Federal Government of the nation's medical facilities would result from the program.

"It is not proposed," Doctor Parran continued, "that the health and medical services of the country be federalized.

"The widest latitude should be left to the states in developing procedures and policies best adapted to their own needs."—Los Angeles Times, August 8.

* * *

Convention

Nurses' Four-Day Session Ends

The California nursing organizations closed their four-day convention here last night, August 17, with a banquet at Hotel St. Francis, attended by more than five hundred delegates.

Organizations represented were the California State Nurses' Association, the California League of Nursing Education, and the California State Organization for Public Health Nursing.

Pauline Gage of Pomona was chosen president of the California State Nurses' Association; Margaret Tracy of University of California Hospital, first vice-president; Edith H. Smith of Stanford Hospital, second vice-president; and director: Gertrude Folendorf of San Francisco, Edna L. Hedenberg of Los Angeles, and Jennie W. Gardner of Davis.—San Francisco Chronicle, August 18.

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State Needs Aid Costs Triple

Records Disclose Great Increase in Number of Cases in Three Years

Sacramento, Aug. 21 (Exclusive).—The cost to California of granting aid to the elderly, the needy blind and dependent children has approximately tripled in the last three years, records of the State Department of Social Welfare disclosed today.

In June of this year, the cost of the three aids amounted to \$5,256,653, being divided as follows: Elderly aid, \$4,282,347; blind aid, \$311,035; dependent children aid, \$663,271.

In July of 1936, the State paid out only \$1,823,792, as follows: Elderly aid, \$1,405,267; blind aid, \$145,241; dependent children aid, \$273,104.

The records show that the major part of the increase is due to the jump in the number of cases. During the time the number of pension cases has jumped from 44,905 to 131,879, blind from 4,271 to 6,476 and children from 20,744 to 33,679.—Los Angeles Times, August 22.

LETTERS

Subject: Prenatal and Premarital Laws.*

(COPY)

San Francisco, August 23, 1939.

Roy E. Thomas, M. D., Chairman
California Medical Association Committee on
Health and Public Education
San Francisco, California
Dear Doctor Thomas:

Re: Premarital Examinations

Replying to your letter of July 26, 1939, in which you requested a brief opinion as to the duties and obligations of physicians and laboratories in the State of California under Chapters 127 and 382 of the California Statutes of 1939, which become effective September 19, 1939, our opinion is as follows:

Chapter 382. Premarital Examination.—The contents of this statute are as follows: Before any applicant for a marriage license can receive the same, he must present a certificate from a duly licensed physician, which certificate shall state that the applicant has been given such examination, including a standard serological test, as may be necessary for the discovery of syphilis, made not more than thirty days prior to the date of issuance of such license, and that in the opinion of such physician, the person either is not infected with syphilis, or if so infected, is not in a stage of that disease which is or may become communicable to the marital partner. Any person who is by law able to obtain a marriage license is able to give consent to any examination and test required by the statute. The certificate is made on a form provided and distributed by the State Department of Public Health.

The type of test which can be used to comply with the statute shall be a test for syphilis approved by the California State Department of Public Health and the laboratory which can make such test may be any laboratory approved by the California State Department of Public Health, or any other laboratory, the director of which is licensed by said State Department of Public Health according to law. When a laboratory makes a test, it submits the original of a laboratory report to the physician, together with the certificate form which the physician will make out for the patient. A copy of the laboratory report is kept by the laboratory and a second copy sent to the State Department of Public Health.

The certificate, laboratory statement or report and all other papers connected with these examinations are declared to be confidential, and neither the physician nor any other party is allowed to divulge the contents of such report to any person other than the state or local health officers or their duly authorized representatives.

Other sections of the statute deal with instances in which parties may obtain a marriage license without examination by application to the Superior Court, penalty for misrepresentation by applicant and expenses of administration of the statute. One other important provision is to the effect that whenever any question arises as to the accuracy of tests, it is mandatory upon the State Department of Public Health to accept specimens for checking purposes from any district in the state.

COMMENT

(a) *Effect Upon Physicians.*—Most of the duties and liabilities of physicians under this statute can be clearly ascertained from the above. However, there are one or two points which should be kept in mind. The information *must be kept confidential*. In addition to the principles of medical ethics which do not permit one to divulge confidential communication, the statute provides that anyone

* See also, on pages 145-146, 200-202, and 208-211.